Supplement to Investing in EARLY CHILDHOOD DEVELOPMENT:

2002 Progress Report to Manitobans

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Supplement to Investing in Early Childhood Development: 2002 Progress Report to Manitobans

Introduction

This *Supplement* is the companion document to *Investing in Early Childhood Development: 2002 Progress Report to Manitobans*. This *Supplement* expands on the *Report* and provides additional, detailed information and statistics regarding Manitoba's investments in Early Childhood Development (ECD).

Section A contains the *First Ministers' Meeting Communiqué on Early Childhood Development*, the landmark September 2000 agreement of all governments in Canada (except Québec) to prioritize ECD and to report to the public on their progress.

Section B contains the Federal/Provincial/Territorial shared framework for reporting on progress in improving and expanding ECD programs and services. In accordance with the First Ministers' Meeting Communiqué, this shared framework was developed by the Federal/Provincial/Territorial ECD Working Group and approved in May 2002 by Federal/Provincial/Territorial Ministers responsible for Social Services and Health.

Section C contains detailed information on Manitoba's ECD expenditures since April 2000. Information is provided on each of Manitoba's priority investments for 2000/01 through 2002/03, and is organized along the four ECD action areas outlined in the First Ministers' Meeting Communiqué (promoting health pregnancy, birth and infancy; improving parenting and family supports; strengthening early childhood development, learning and care; and strengthening community supports).

Section D contains detailed information from 2000/01 and 2001/02 on Manitoba's ECD programs, including program descriptions and objectives, and indicators regarding program availability and, where applicable, program accessibility, affordability, and quality. Again, programs are organized and categorized using the four ECD action areas outlined in the First Ministers' Meeting Communiqué (promoting health pregnancy, birth and infancy; improving parenting and family supports; strengthening early childhood development, learning and care; and strengthening community supports).

Section E provides detailed statistical information regarding ECD indicators of children's well-being. These indicators include the 11 common indicators that all governments (except Québec) will use in their respective ECD progress reports: healthy birthweight, infant mortality, immunization (occurrence of three vaccine-preventable diseases), motor and social development, language development, emotional and anxiety problems, hyperactivity and inattention problems, physical aggression and conduct problems, and prosocial behaviour. Also included are additional indicators on family and community influences on children's well-being, including parenting, reading with children, and neighbourhood social cohesion. Data for this section were compiled by Human Resources Development Canada from national data sources such as the National Longitudinal Survey of Children and Youth, Canadian Vital Statistics, and the Survey of Labour and Income Dynamics.

Finally, Section F contains additional background and technical information on the indicators of children's well-being in Section E.

First Ministers' Meeting Communiqué on Early Childhood Development

(September 2000)

Ottawa - September 11, 2000

Introduction

First Ministers, with the exception of the Premier of Québec, agree on the importance of supporting families and communities in their efforts to ensure the best possible future for their children. Every child should be valued and have the opportunities to develop his or her unique physical, emotional, intellectual, spiritual, and creative potential.

First Ministers affirm their commitment to the well-being of children by setting out their vision of early childhood development as an investment in the future of Canada. Canada's future social vitality and economic prosperity depend on the opportunities that are provided to children today.

First Ministers recognize that parents and families play the primary role in supporting and nurturing children. Communities, businesses, non-profit organizations, professional networks, associations, volunteers and governments also make key contributions to the well-being of children. Governments have shown leadership by taking steps to address key children's issues in their jurisdictions, individually and in partnership.

The early years of life are critical in the development and future well-being of the child, establishing the foundation for competence and coping skills that will affect learning, behaviour and health. Children thrive within families and communities that can meet their physical and developmental needs and can provide security, nurturing, respect and love. New evidence has shown that development from the prenatal period to age six is rapid and dramatic and shapes long-term outcomes.

Intervening early to promote child development during this critical period can have long-term benefits that can extend throughout children's lives. Governments and other partners currently provide a range of programs and services to effectively support early childhood development. The challenge is to build on existing services and supports, to make them more coordinated and widely available.

First Ministers therefore agree to work together so that young children can fulfill their potential to be healthy, safe and secure, ready to learn, and socially engaged and responsible.

In support of this common goal, governments will improve and expand early childhood development programs and services over time. Governments will work with families and communities to help meet the needs of young children and their families. Governments will report regularly on their progress and will continue to build knowledge and disseminate information to parents, communities and service providers to help them to give children the best possible start in life.

Objectives

Focussing on children and their families, from the prenatal period to age six, the objectives of this early childhood development initiative are:

- to promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and
- to help children reach their potential and to help families support their children within strong communities.

Four Key Areas for Action

To meet the objectives set out above, First Ministers agree on four key areas for action. Governments' efforts within this framework will focus on any or all of these areas. This will build on the priority that governments have placed on early childhood development and the investments that governments have already made.

1 **Promote Healthy Pregnancy, Birth and Infancy**
Prenatal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children, and contribute to continuing good health. This priority addresses needs related to the prenatal, birth and infancy periods and includes supports for pregnant women, new parents, infants and care providers. Possible examples are prenatal programs and information, and infant screening programs.

2 **Improve Parenting and Family Supports**
Parents and families have the primary responsibility for the care of their children. This priority addresses the needs related to positive parenting and includes supports for parents and caregivers. Possible examples are family resource centres, parent information, and home visiting.

3 **Strengthen Early Childhood Development, Learning and Care**
Quality early childhood development, learning and care have been shown to promote physical, language and motor skills; and social, emotional and cognitive development. This priority includes supports that promote healthy development, provide opportunities for interaction and play, help prepare children for school and respond to the diverse and changing needs of families. Possible examples include preschools, child care and targeted developmental programs for young children.

4 **Strengthen Community Supports**
Communities make key contributions to the well-being of children through formal and informal networks. This priority includes supports to strengthen community capacity to meet the needs of children and families from a healthy community perspective. Possible examples include supports for community-based planning and service integration.

Governments recognize that effective approaches to supporting early childhood development are:

- focussed on prevention and early intervention;
- intersectoral;
- integrated; and
- supportive of the child within the family and community context.

Early childhood development programs and services should be inclusive of:

- children with different abilities; and
- children living in different economic, cultural, linguistic and regional circumstances.

Working Together to Meet Children's Needs

Governments will work together in full respect of each other's responsibilities, recognizing that provinces and territories have the primary responsibility for early childhood development programs and services. Each government will determine its priorities within this framework.

Governments will work with the Aboriginal peoples of Canada to

find practical solutions to address the developmental needs of Aboriginal children.

Governments will ensure effective mechanisms for Canadians to participate in developing early childhood development priorities and reviewing outcomes.

Funding

First Ministers agree that ensuring effective early childhood development is a long-term commitment to our children's future. *First Ministers* agree that investments for early childhood development should be incremental, predictable and sustained over the long term. *First Ministers* are committed to helping all sectors of society support children in their early years and to making incremental investments in this area.

First Ministers recognize that this initiative builds on the significant provincial/territorial investments already made in early childhood development and agree on the need to ensure flexibility to address local needs and priorities. This initiative also complements existing important federal investments for children and families.

Public Reporting

First Ministers believe in the importance of being accountable to Canadians for the early childhood development programs and services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on, early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible.

Therefore, First Ministers commit their governments to:

- report annually to Canadians on their investments and their progress in enhancing programs and services in the four areas described above, beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time;
- develop a shared framework, including jointly agreed comparable indicators to permit each government to report on progress in improving and expanding early childhood development programs and services within the areas for action described above. The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities. Examples would include indicators of the availability and growth of programs and services related to pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development of early childhood development programs and services; and
- make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators to be developed by September 2002 related to the objectives established for early childhood development. This could include currently available indicators (such as children born at healthy birth weight and infant mortality); and newly developed indicators (such as a measure of the proportion of children who are ready to learn when they start school).

First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early childhood development.

The purpose of performance measurement is for all governments to be accountable to their publics, not to each other. The amount of federal funding provided to any jurisdiction will not depend on achieving a given level of performance.

Knowledge, Information and Effective Practices

Research, knowledge and information are the foundations of evidence-based decision-making and are critical to informed policy development. Dissemination of information and sharing of effective practices can create a more knowledgeable public on issues of child development and can promote the enhancement of early childhood development programs and services.

Governments agree to work together, where appropriate, on research and knowledge related to early childhood development, share information on effective practices that improve child outcomes and work together to disseminate the results of research.

Next Steps

First Ministers direct Ministers responsible for Social Services and Health to begin implementation as soon as possible of the commitments and priorities outlined above.

[1] *While sharing the same concerns on early childhood development, Québec does not adhere to the present federal-provincial-territorial document because sections of it infringe on its constitutional jurisdiction on social matters. Québec intends to preserve its sole responsibility for developing, planning, managing and delivering early childhood development programs. Consequently, Québec expects to receive its share of any additional federal funding for early childhood development programs without new conditions.*

Shared Framework for Reporting on Progress in Improving and Expanding Early Childhood Development Programs and Services

(May 2002 – Federal/Provincial/Territorial Ministers Responsible for Social Services and Health)

1 Introduction / Background

Public reporting is a key element of the Federal-Provincial-Territorial Early Childhood Development Initiative. The September 2000 First Ministers' Meeting Communiqué on Early Childhood Development[1] states that:

> *"...First Ministers believe in the importance of being accountable to Canadians for the early childhood development services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible.*
>
> *Therefore, First Ministers commit their governments to:*
>
> - *report annually to Canadians on their investments and their progress in enhancing programs and services in the four areas described above[2], beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time;*
> - *develop a shared framework, including jointly agreed comparable indicators to permit each government to report on progress in improving and expanding early childhood development programs and services within the areas for action described above.2 The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities. Examples would include indicators of the availability and growth of programs and services related to pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development of early childhood development programs and services..."*

2 Purpose

As noted in the communiqué, "the purpose of performance measurement is for all governments to be accountable to their publics, not to each other."

The purpose of the shared framework is to provide a set of principles and guidelines, "including jointly agreed comparable indicators, to permit each government to report on progress in improving and expanding early childhood development programs and services" within the four areas for action identified by First Ministers.

In addition to their commitment to report on programs and services, governments also committed to report regularly on an agreed upon set of indicators of child well-being. However, this commitment is being addressed by governments as part of a separate process and therefore lies outside of the scope of this shared framework.

3 Underlying Principles / Considerations

Reporting by governments will be informed by the following statements included in the Early Childhood Development Communiqué:

- "The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities."
- Governments "will strive to improve the quality of reporting over time."
- "First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early childhood development."

In addition to specific direction from the Communiqué, provincial and territorial governments agree that:

- there is a significant diversity in the provision of early childhood development programs and services across the country and that there are varying data systems and capacities to report; and
- reports on progress in improving and expanding early childhood development programs and services will acknowledge the federal funding contribution to the province or territory in support of early childhood development.

4 Guidelines

a. Scope of Reporting Using the Shared Framework

Each government will report annually, using the shared framework, on the activities that they have selected as priorities for investment. Reports will indicate changes that have been implemented related to prior year investments. Reports will also indicate in which of the four areas for action governments have made investments under the Federal-Provincial-Territorial Early Childhood Development Initiative. The four areas are:

- promote healthy pregnancy, infancy, and birth;
- improve parenting and family supports;
- strengthen early childhood development, learning, and care; and
- strengthen community supports.

b. Types of Information to be Reported

i Descriptive Information

Reports will contain the following *descriptive information* on programs and services that have been improved and/or expanded:

- program objectives;
- target population;
- program description;
- department(s) responsible; and
- delivery agent(s).

Descriptive information may also be provided on the following areas related to program development, improvement, and/or integration, as appropriate:

- intersectoral linkages
- consultation and community involvement;
- community capacity-building;
- voluntary or private sector participation;
- program evaluation findings;
- program models;
- pilot project results;
- changes in regulatory environment; and
- capital and/or infrastructure investments.

ii Program Indicators

As appropriate, governments may report on programs and services

using additional indicators to those described below.

Expenditures
Governments will report on changes in expenditures on ECD programs and services relative to the prior fiscal year.

For programs and initiatives providing direct services to clients:

Availability
Governments will report on the availability of early childhood development programs and services funded under the Federal-Provincial-Territorial Early Childhood Development Initiative using one or more of the following indicators:

- number of clients served (i.e. number of children served, number of families served, and / or number of program "spaces" or equivalent); and
- number of program sites.

Accessibility
Where the objective of an investment by governments is to improve accessibility, governments will report on one or more of the following indicators of accessibility:

- increase in the percentage of the target population served; and
- change in the socio-demographic profile of the client population.

Affordability
Where the objective of an investment by governments is to improve affordability, governments will report on changes in the fee and/or subsidy structures of the relevant programs.

Quality
Where the objective of an investment by governments is to improve quality, governments will report on one or more indicators of quality, such as:

- improvement in the education / training of service providers;
- increases in wage rates;
- increases in provider-to-client ratios; and
- increases in client satisfaction.

For other programs and initiatives related to the four areas for action (for example, research, public education, information, and related activities), governments will report on descriptive information and expenditures as indicated above.

c. Mechanisms and Timing

The public reporting requirements set out in this shared framework can be met through a number of vehicles including: stand alone reports, new or existing public reports on children, and departmental reports and/or business plans.

Governments agree to inform other governments of the vehicle they will use to meet reporting requirements and to provide advance notice, wherever possible, to other governments regarding the approximate date of release for their respective early childhood development reports.

Governments will report annually on their investments in early childhood development and on their progress in enhancing programs and services in the four areas for action, beginning in September 2002.

5 Review of the Shared Framework

First Ministers have committed to "improve the quality of reporting over time." After the release of the first set of reports based on the shared framework, officials may undertake a review of the shared framework and make recommendations to Ministers responsible for Social Services and Health as required.

See also Sections C and D in this supplement

[1] *The Government of Québec has stated that while sharing the same concerns on early childhood development, Québec does not adhere to the federal-provincial-territorial early childhood development Initiative because sections of it infringe on its constitutional jurisdiction on social matters. Québec intends to preserve its sole responsibility for developing, planning, managing and delivering early childhood development programs.*

[2] *The four areas are: promote healthy pregnancy, infancy, and birth; improve parenting and family supports; strengthen early childhood development, learning, and care; and strengthen community supports.*

Early Childhood Development (ECD) Expenditures in Manitoba, 2000/01 – 2002/03

Table 1. Overview of Early Childhood Development (ECD) Expenditures in Manitoba (since April 2000)

ECD Action Area	Total Investment (1000s)	Total Incremental Investment (1000s)
Promoting Healthy Pregnancy, Birth and Infancy	$31,290.5	$11,968.8
Improving Parenting and Family Supports	$47,853.5	$9,456.9
Strengthening Early Childhood Development, Learning and Care	$196,502.6	$17,024.2
Strengthening Community Supports	$4,540.0	$2,750.0
Other ECD Initiatives	$2,193.2	$1,036.8
TOTAL since April 2000*	**$282,379.8**	**$42,236.7**

* *The Province of Manitoba is pleased to acknowledge its partnership with the Government of Canada in supporting Early Childhood Development (ECD) initiatives. Of the $42 million incremental investment for ECD in Manitoba since April 2000, Canada contributed $14.8 million.*

(Financial details for each ECD action area follow in Tables 2 - 4.)

Table 2. Early Childhood Development (ECD) Expenditures in Manitoba – 2000/01

ECD Action Area	Total (1000s)	Incremental (1000s)
Promoting Healthy Pregnancy, Birth and Infancy:		
Healthy Baby	$500.0	$500.0
BabyFirst	$2,904.2	$512.6
FAS Prevention Strategy	$566.7	$164.9
Midwifery Program	$1,510.0	$1,510.0
Sub Total	**$5,480.9**	**$2,687.5**
Improving Parenting and Family Supports:		
Children's Special Services[1]	$11,132.1	$825.0
National Child Benefit Supplement Restoration	$2,025.0	$2,025.0
Sub Total	**$13,157.1**	**$2,850.0**
Strengthening Early Childhood Development, Learning and Care:		
Child Day Care[1]	$60,161.2	$9,145.5
Early Start	$924.2	$8.1
Sub Total	**$61,085.4**	**$9,153.6**
Strengthening Community Supports:		
Parent-Child Centred Approach	$350.0	$350.0
Injury Reduction Campaign[2]	$50.0	$50.0
Sub Total	**$400.0**	**$400.0**
Other ECD Initiatives[2]	**$140.4**	**$0.0**
TOTAL ECD 2000/01	**$80,263.8**	**$15,091.1**

[1] *Includes some programming for children over the age of six years.*
[2] *Includes ECD research and evaluation initiatives and financial assistance to community organizations for ECD.*

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Table 3. Early Childhood Development (ECD) Expenditures in Manitoba – 2001/02

ECD Action Area	Total (1000s)	Incremental (1000s)
Promoting Healthy Pregnancy, Birth and Infancy:		
Healthy Baby	$4,103.4	$3,603.4
BabyFirst	$4,018.8	$1,114.6
FAS Prevention Strategy	$585.4	$18.7
Midwifery Program	$2,360.0	$850.0
Sub Total	**$11,067.6**	**$5,586.7**
Improving Parenting and Family Supports:		
Children's Special Services[1]	$10,120.7[2]	$437.2
National Child Benefit Supplement Restoration	$5,450.0	$3,425.0
Sub Total	**$15,570.7**	**$3,862.2**
Strengthening Early Childhood Development, Learning and Care:		
Child Day Care[1]	$64,772.1	$4,610.9
Early Childhood Development Initiative	$500.0	$500.00
Early Start	$1,010.8[2]	$94.1
Sub Total	**$66,282.9**	**$5,205.0**
Strengthening Community Supports:		
Parent-Child Centred Approach	$1,240.0	$890.0
Injury Reduction Campaign[3]	$150.0	$100.0
Sub Total	**$1,390.0**	**$990.0**
Other ECD Initiatives[3]	**$725.6**	**$435.2**
TOTAL ECD 2001/02	**$95,036.8**	**$16,079.1**

[1] *Includes some programming for children over the age of six years.*
[2] *Reflects internal transfer of program function.*
[3] *Includes financial assistance to community organizations for ECD and ECD research and evaluation initiatives.*

Table 4. Early Childhood Development (ECD) Expenditures in Manitoba – 2002/03

ECD Action Area	Total (1000s)	Incremental (1000s)
Promoting Healthy Pregnancy, Birth and Infancy:		
Healthy Baby	$5,214.4	$1,111.0
BabyFirst	$5,423.2	$1,424.6
FAS Prevention Strategy	$704.4	$119.0
Midwifery Program	$3,400.0	$1,040.0
Sub Total	**$14,742.0**	**$3,694.6**
Improving Parenting and Family Supports:		
Children's Special Services[1]	$12,775.7[2]	$1,844.7
National Child Benefit Supplement Restoration	$6,350.0	$900.0
Sub Total	**$19,125.7**	**$2,744.7**
Strengthening Early Childhood Development, Learning and Care:		
Child Day Care[1]	$67,126.3	$2,354.2
Early Childhood Development Initiative	$500.0	$0.0
Early Start	$1,508.0	$311.4
Sub Total	**$69,134.3**	**$2,665.6**
Strengthening Community Supports:		
Parent-Child Centred Approach	$2,600.0	$1,360.0
Injury Reduction Campaign[1]	$150.0	$0.0
Sub Total	**$2,750.0**	**$1,360.0**
Other ECD Initiatives[3]	**$1,327.2**	**$601.6**
TOTAL ECD 2002/03	**$107,079.2**	**$11,066.5**

[1] *Includes some programming for children over the age of six years.*
[2] *Includes $400.0 for Applied Behaviour Analysis (ABA) program from Healthy Child Manitoba.*
[3] *Includes financial assistance to community organizations for ECD, ECD research and evaluation initiatives, and ECD information sharing.*

Early Childhood Development (ECD) Program Information, 2000/01 and 2001/02

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Healthy Baby Program** (includes the Healthy Baby Manitoba Prenatal Benefit and Healthy Baby Community Support Programs)
LAUNCH DATE:	July 2001
TARGET POPULATION:	**Manitoba Prenatal Benefit:** Targeted (available to all pregnant women in Manitoba with net family incomes of less than $32,000) **Community Support Programs:** Universal (available to all families in Manitoba through pregnancy and child's first year)
PROGRAM DESCRIPTION:	**Healthy Baby** is a two-part program that supports mothers during pregnancy and the early years through financial assistance and nutrition education: The **Manitoba Prenatal Benefit** is a financial benefit to help low- and moderate-income women with the nutritional costs associated with pregnancy. A national first, it is modelled after the National Child Benefit (NCB): A net family income of less than $32,000 qualifies a woman for benefits on a sliding scale (maximum $81.41 per month, minimum $10.00 per month). It is provided to all pregnant women in the second trimester who live in Manitoba and meet the income criteria, including women who live in First Nations communities. Easy-to-read educational information is inserted with monthly cheques. The benefit also acts as a mechanism to link women to community support programs. Community Support Programs are friendly, informal prenatal and postnatal wellness and nutrition outreach programs. Delivered in all 12 Regional Health Authorities (RHAs) through community-based partners, the programs provide pregnant women with practical information on prenatal development, the benefits of breastfeeding, and strategies to

	support the healthy physical, cognitive, and emotional development of children. Programs and outreach encourage early and regular prenatal care, bring nutrition to life through snacks and cooking activities, build women's confidence and awareness of health and parenting choices, and foster awareness of babies' nurturing needs. In April 2002, a milk incentive and nutritional investment was introduced for program participants (a coupon for fresh milk or boxed ultra-high temperature milk – up to 3 litres per week). Programs include those transitioned from the former Women and Infant Nutrition (WIN) program established in 1998.
PROGRAM OBJECTIVES:	**Healthy Baby – Manitoba Prenatal Benefit:** • To assist women to meet their extra nutritional needs during pregnancy; and • To link women to community support programs. **Healthy Baby – Community Support Programs:** • To promote and support the birth and development of healthy babies, with healthy birth weights; • To reach and support pregnant women/girls and new mothers who may be isolated or disadvantaged due to low income and/or other reasons; • To encourage initiation and duration of breastfeeding; • To build family confidence, knowledge, and awareness in the areas of nutrition, health, infant development, nurturing, and problem-solving in respectful and non-judgemental ways; • To encourage social connectedness of families; • To establish collaborative, team, and community-based ways of working in the health regions; and • To promote effective partnerships of community-based groups and Regional Health Authorities in coordinating their connections and support of pregnant women and new parents considered at-risk or disadvantaged for various reasons.
DELIVERY AGENT(S):	Healthy Child Manitoba (Manitoba Prenatal Benefit) and Healthy Baby Community Support Programs in Manitoba's 12 Regional Health Authorities
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba – Healthy Child Committee of Cabinet

PROGRAM INDICATORS

INVESTMENT FOCUS:	2000/01	2001/02
AVAILABILITY:		**Healthy Baby Program:**
Number of clients served:	(not applicable – program launched in July 2001)	**Manitoba Prenatal Benefit:** By the end of fiscal year (March 31, 2002), 4622 applicants received prenatal benefits; 11 were cancelled before any benefits were paid; and 118 applications were in a pending status (waiting for information from applicant to assess eligibility) for approval in April and May. By the end of the first full year of operation (June 30, 2002), 5707 applicants had received prenatal benefits; 15 were cancelled before any benefits were paid; and 88 applications were in a pending status for approval in July and August. **Community Support Programs:** (data under development)
Change in number of clients served since previous year:	(not applicable – program launched in July 2001)	(not applicable – program launched in July 2001)
% change in clients served since previous year:	(not applicable – program launched in July 2001)	(not applicable – program launched in July 2001)
Program capacity (number of clients):	(not applicable – program launched in July 2001)	**Manitoba Prenatal Benefit:** By the end of fiscal year (March 31, 2002), 4633 applicants had been approved for benefits. By the end of the first full year of operation (June 30, 2002), 5722 applicants had been approved for benefits. **Community Support Programs:** (data under development)

% of program capacity used:	(not applicable – program launched in July 2001)	**Manitoba Prenatal Benefit:** 99.8% (as of March 31, 2002) 99.7% (as of June 30, 2002) **Community Support Programs:** (data under development)
Change in program capacity since previous year:	(not applicable – program launched in July 2001)	**Manitoba Prenatal Benefit:** (not applicable) **Community Support Programs:** (not applicable)
% change in program capacity since previous year:	(not applicable – program launched in July 2001)	**Manitoba Prenatal Benefit:** (not applicable) **Community Support Programs:** (not applicable)
Total number of eligible clients:	(not applicable – program launched in July 2001)	**Manitoba Prenatal Benefit:** (same as program capacity – see above) **Community Support Programs:** (data under development)
% of eligible clients served:	(not applicable – program launched in July 2001)	**Manitoba Prenatal Benefit:** (same as program capacity – see above) **Community Support Programs:** (data under development)
Change in % of eligible clients served since previous year:	(not applicable – program launched in July 2001)	**Manitoba Prenatal Benefit:** (not applicable) **Community Support Programs:** (not applicable)
Total number of program sites:	(not applicable – program launched in July 2001)	**Manitoba Prenatal Benefit:** (not applicable) **Community Support Programs:** 65 sites across all 12 Regional Health Authorites
ACCESSIBILITY:	(not applicable – program launched in July 2001)	(not a focus of investment)
AFFORDABILITY:	(not applicable – program launched in July 2001)	(not a focus of investment)

QUALITY:	(not applicable – program launched in July 2001)	(not a focus of investment)

Notes: It had been projected (based on the ratio of live births and income criteria) that in a one-year time frame, 5200 income-eligible women would receive the Healthy Baby Manitoba Prenatal Benefit. Eligibility is based on net family income of less than $32,000. Income is verified using Line 236 on the Notice of Assessment (NOA) provided by Canada Customs and Revenue Agency (CCRA) or by confirmation of Income Assistance with Bands, municipalities, or Employment and Income Assistance.

There is currently no mechanism for tracking the number of women who were approved for benefits but whose pregnancies ended prematurely. There are approximately 200 applicants who called to advise that their pregnancy had ended prematurely.

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**BabyFirst Program**
LAUNCH DATE:	April 1998 (three-year research sites: 1998-2000) April 1999 (province-wide implementation)
TARGET POPULATION:	**BabyFirst** includes universal screening of all live, off-reserve births, targeted assessments of higher-risk families, targeted intensive home visiting for the highest-risk families, and universal referral to community resources and services.
PROGRAM DESCRIPTION:	**BabyFirst** is a community-based program designed to support overburdened families who have children up to three years of age. The primary goal of BabyFirst is to build strong families and healthy children, thereby reducing the risk for child abuse and neglect. Delivered by the public health program in the 12 Regional Health Authorities, BabyFirst employs paraprofessional Home Visitors who establish trusting, nurturing relationships with families; promote problem-solving skills; and assist in strengthening the family support system. Home Visitors also work with families to promote healthy child growth and development and empathic parent-child relationships. BabyFirst includes (a) universal screening with all families with babies born in Manitoba (approximately 13,000 births annually) and (b) Public Health Nurse visits to all families identified as at-risk to explore the family's strengths and needs (approximately 2600 families per year). Based on a family's situation, the program offers a continuum of supports to families, including (c) weekly home visits by a trained paraprofessional and (d) referral to community-based services. The 2002/03 provincial budget expands the availability of this service to a greater number of families. Additional funding in 2002/03 will be used to pilot an integrated BabyFirst/Early Start home visiting model. (See Early Start in *Strengthening Early Childhood Development, Learning and Care* section below).
PROGRAM OBJECTIVES:	**BabyFirst Program:** • To facilitate families' abilities to ensure the physical health and safety of their children; • To enable parents to build on their strengths and to foster the development of a secure attachment with their children; • To support parents in their role of nurturing their children and providing appropriate social, physical, and cognitive stimulation for their children; and • To facilitate families' connections with community resources and sense of belonging in their communities.

DELIVERY AGENT(S):	Public Health Nurses (supervision and coordination) and trained paraprofessional Home Visitors in all 12 Regional Health Authorities. Funding guidelines are in place and budgets were developed and negotiated with these organizations based on birth rates and estimated at-risk populations.
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba – Healthy Child Committee of Cabinet

PROGRAM INDICATORS

INVESTMENT FOCUS:	**2000/01**	**2001/02**
AVAILABILITY:	**BabyFirst Program:**	**BabyFirst Program:**
Number of clients served:	650 families in home visiting	825 families in home visiting
Change in number of clients served since previous year:	increase of 350 families	increase of 175 families
% change in clients served since previous year:	116.7% increase	26.9% increase
Program capacity (number of clients):	840 families	1000 families
% of program capacity used:	77.4%	82.5%
Change in program capacity since previous year:	increase of 165 families	increase of 160 families
% change in program capacity since previous year:	24.4% increase	19.0% increase
Total number of eligible clients:	1560 (estimated)	1560 (estimated)
% of eligible clients served:	41.7% (estimated)	52.9% (estimated)
Change in % of eligible clients served since previous year	19.3% increase (estimated)	11.2% increase (estimated)
Total number of program sites:	All 12 Regional Health Authorities	All 12 Regional Health Authorities
ACCESSIBILITY: Increase in the number of clients served since previous year (%):	350 families (116.7% increase)	175 families (26.9% increase)
AFFORDABILITY:	(not a focus of investment)	(not a focus of investment)

QUALITY:	• Increased funding for Public Health Nurses to complete assessments with families • Increased funding to increase time for Public Health Nurses to supervise Home Visitors • Increase provider-to-client ratios through decreased caseload (from 18 to 15 families per Home Visitor) • Increased compensation for travel expenses	• Increase in Home Visitor wages (35% increase in salaries, Home Visitors joined collective bargaining unit, Home Visitor retention greatly improved) • Training of local trainer in Growing Great Kids Inc. mentorship program (Manitoba no longer relies on U.S. trainer for core training and is able to customize training for Home Visitors) • Initiated advanced family assessment training for Public Health Nurses (increased the number of assessments and decreased the amount of time needed to complete assessments) • Introduced Growing Great Kids Inc. curriculum and provided related training (enhanced quality of home visiting through increased focus on strengths and solutions; and increased consistency of home visiting with program goals)	

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Fetal Alcohol Syndrome (FAS) Prevention Strategy:** • Stop FAS program • Manitoba Liquor Control Commission prevention campaign
LAUNCH DATE:	The first components of the FAS Prevention Strategy were launched in April 1998.
TARGET POPULATION:	The **Stop FAS program** is focused on women at risk of having a child with FAS (targeted) or who have previously had a child with FAS (clinical). The **Manitoba Liquor Control Commission prevention campaign** is a province-wide public education initiative (universal).
PROGRAM DESCRIPTION:	**Stop FAS** is a three-year mentoring program for women at risk of having a child with FAS. Other components of the FAS Prevention Strategy include Healthy Child Manitoba collaboration with the Prairie Northern Pacific FAS Partnership to share expertise and resources, and to plan together to support community organizations. Healthy Child Manitoba provides consultation regarding FAS prevention, including support to the Manitoba Liquor Control Commission in the design of a provincial prevention campaign. The Stop FAS program has a well-defined program model and a strong evaluation framework. To target the highest need clients, Stop FAS adheres strictly to three criteria for enrollment: (a) women must be pregnant or up to three months post-partum, (b) women must have used alcohol heavily throughout their pregnancy (i.e., at least 3 drinks daily or 5 drinks or more in one occasion weekly), and (c) women must not be effectively connected to community services. The critical component of the Stop FAS model is the personalized care and support for women, over a long period of time, to allow for gradual, enduring change to occur. Women in the program are assigned to a community-based, paraprofessional mentor who works intensively on a one-to-one basis with them and their families for three years. Each mentor is responsible for up to 15 clients. Mentors do not provide direct services but coordinate and utilize existing community health, drug treatment, and social services. Intensity and frequency of contact ranges from daily to twice a month, depending on client issues. Stop FAS has six main components: (a) establishing the relationship, (b) identifying client goals (through the use of structured goal-setting tools), (c) re-evaluating goals every four months, (d) establishing linkages with other service providers, (e) role-modelling, and (f) evaluating outcomes. Women are never asked to leave the program due to non-compliance, poor performance, or relapse.

	Following from the success of the two Winnipeg sites, in 2001/02 Stop FAS was expanded to Thompson and The Pas in northern Manitoba. Increased funding in 2002/03 will enable the Winnipeg sites to expand to serve more women. At graduation (i.e., after three years in the program), Stop FAS client outcomes include the following: • 56% of women are abstinent from drugs and alcohol (of those who are abstinent, clients average 11.9 months of sobriety; • 88% of women have entered a treatment program and 71% have completed a treatment program; • 64% of women are using some form of reliable birth control (e.g., tubal, Norplant, intrauterine device, or daily pills); and • Overall, 92% of women are abstinent from alcohol OR use a reliable form of birth control. In addition to FAS funding for Early Childhood Development initiatives, Manitoba makes considerable investments in supports and services for those facing the challenges of FAS across the life course. In 2002/03, Manitoba's total investment in FAS initiatives is $1.6 million.
PROGRAM OBJECTIVES:	**FAS Prevention Strategy:** • To reduce the incidence of FAS in Manitoba; and • To improve the well-being of children and families in Manitoba who are facing the challenges of FAS.
DELIVERY AGENT(S):	**Stop FAS Program:** Healthy Child Manitoba provides the four Stop FAS sites with overall program direction and is responsible for macro-level program planning. Stop FAS is delivered through four host organizations in Manitoba: the Nor'West Community Co-op Health Centre and the Aboriginal Health and Wellness Centre Inc. for Winnipeg sites, the Norman Regional Health Authority for The Pas site, and the Burntwood Regional Health Authority for the Thompson site. **Manitoba Liquor Control Commission Prevention Campaign:** The Manitoba Liquor Control Commission hired Directed Focus, an advertising firm, to lead the creative development process for the prevention campaign. The Addictions Foundation of Manitoba and Healthy Child Manitoba provided expertise on addictions and FAS to ensure the integrity of the prevention campaign. Interagency FAS, a community organization, hosted a new toll-free FAS information line (funded jointly by Health Canada and Healthy Child Manitoba) to answer any questions Manitobans may have about FAS as a result of the prevention campaign.
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba – Healthy Child Committee of Cabinet

PROGRAM INDICATORS

INVESTMENT FOCUS:	2000/01	2001/02
AVAILABILITY:	**Stop FAS program:**	**Stop FAS program:**
Number of clients served:	60 women	86 women
Change in number of clients served since previous year:	no change	increase of 26 women
% change in clients served since previous year:	no change	43.3% increase
Program capacity (number of clients):	56 – 60 women	110 – 120 women
% of program capacity used:	100%	71.7% - 78.2%
Change in program capacity Since previous year:	no change	increase of 50 – 64 women
% change in program capacity since previous year:	no change	83.3% - 103.3% increase
Total number of eligible clients:	unknown	unknown
% of eligible clients served:	unknown	unknown
Change in % of eligible clients served since previous year	unknown	unknown
Total number of program sites:	2	4
ACCESSIBILITY: Increase in the number of clients served since previous year (%):	(not a focus of investment)	26 women (43.3% increase)
AFFORDABILITY:	(not a focus of investment)	(not a focus of investment)
QUALITY:	(not a focus of investment)	(not a focus of investment)

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Early Childhood Health Promotion:** • Midwifery Program
LAUNCH DATE:	June 2000
TARGET POPULATION:	**The Midwifery Program** is available to all families in Manitoba.
PROGRAM DESCRIPTION:	Manitoba Health supports Regional Health Authorities in the implementation and provision of midwifery services. This includes, but is not limited to (a) care for women throughout pregnancy, labour, and birth; (b) care for mother and baby for 6 weeks after birth; (c) participation in childbirth education classes; (d) breastfeeding support; and (e) other Regional Health Authority maternal and infant care programs. Midwives provide services in both hospitals and homes, referring women and newborn babies to physicians as necessary. In addition to individual care, midwives are involved in Regional Health Authority programs such as childbirth education and breastfeeding support. In September 2002, Manitoba Health provided additional funding for four more midwifery positions (two in the Brandon Regional Health Authority, one in the Central Regional Health Authority, and one in the Norman Regional Health Authority), increasing the number of publicly funded midwives to 30. This funding covers midwives' salaries as well as the overhead costs associated with providing publicly funded midwifery care.
PROGRAM OBJECTIVES:	**Midwifery Program:** • To provide comprehensive care for women and their babies during pregnancy, labour, and birth, through to age 6 weeks; • To integrate midwifery into existing Regional Health Authority maternal and infant programs; and • To provide services to identified priority populations.
DELIVERY AGENT(S):	Midwives in Regional Health Authorities (Midwifery Program)
LEAD OFFICE or DEPARTMENT(S):	Manitoba Health

PROGRAM INDICATORS

INVESTMENT FOCUS:	2000/01	2001/02
AVAILABILITY:	**Midwifery program:**	**Midwifery program:**
Number of clients served:	(data under development)	(data under development)
Change in number of clients served since previous year:	(data under development)	(data under development)
% change in clients served since previous year:	(data under development)	(data under development)
Program capacity (number of clients):	(data under development)	(data under development)
% of program capacity used:	(data under development)	(data under development)
Change in program capacity Since previous year:	(data under development)	(data under development)
% change in program capacity since previous year:	(data under development)	(data under development)
Total number of eligible clients:	(data under development)	(data under development)
% of eligible clients served:	(data under development)	(data under development)
Change in % of eligible clients served since previous year	(data under development)	(data under development)
Total number of program sites:	4 Regional Health Authorities	6 Regional Health Authorities
ACCESSIBILITY:	(data under development)	(data under development)
AFFORDABILITY:	(not a focus of investment)	(not a focus of investment)
QUALITY:	(not a focus of investment)	(not a focus of investment)

ECD Action Area:

Improving Parenting and Family Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Children's Special Services**
LAUNCH DATE:	April 1985
TARGET POPULATION:	**Children's Special Services** are available to children with developmental and/or physical disabilities in Manitoba living with their natural, extended, or adoptive families.
PROGRAM DESCRIPTION:	**Children's Special Services** provides family-centred, community-based services to families with children with disabilities. Program components include: • **Family Support Services:** Staff in regional offices provide case management, consultation, brokerage, coordination and individualized supports such as child development, supplies, equipment, home modification, transportation, and therapy. • **Funding to external agencies** is provided for delivery of specialized services such as therapy to children with disabilities and their families. • **Unified Referral and Intake System (URIS):** Children's Special Services provides leadership to the interdepartmental URIS and administers funding to support children requiring specific health care procedures. Supports are provided that (a) promote early intervention, (b) are needed due to the child's disability, (c) alleviate the impact of disability, (d) reduce the stress of caring for a child with disabilities, (e) are beyond the normal cost of child-rearing, (f) help keep the family united, and (g) delay or prevent out-of-home placement. Children's Special Services works in partnership with other branches of Manitoba Family Services and Housing, other departments (including Manitoba Health; Manitoba Education and Youth), Healthy Child Manitoba, external agencies and community organizations in the delivery of services.
PROGRAM OBJECTIVES:	**Children's Special Services:** • To provide supports that enable families to maintain children with developmental and/or physical disabilities in their own homes to the greatest extent possible; and • To promote the development of normalized community arrangements.
DELIVERY AGENT(S):	Staff in regional offices.
LEAD OFFICE or DEPARTMENT(S):	Manitoba Family Services and Housing

PROGRAM INDICATORS

INVESTMENT FOCUS:	2000/01	2001/02
AVAILABILITY:	**Children's Special Services:**	**Children's Special Services:**
Number of clients served:	3353 families	3536 families
Change in number of clients served since previous year:	increase of 276 families	increase of 183 families
% change in clients served since previous year:	9.0% increase	5.5% increase
Program capacity (number of clients):	3353 families	3536 families
% of program capacity used:	100%	100%
Change in program capacity Since previous year:	increase of 276 families	increase of 183 families
% change in program capacity since previous year:	9.0% increase	5.5% increase
Total number of eligible clients:	(unknown)	(unknown)
% of eligible clients served:	(unknown)	(unknown)
Change in % of eligible clients served since previous year	(unknown)	(unknown)
Total number of program sites:	8 regions	8 regions
ACCESSIBILITY: Increase in the number of clients served since previous year (%):	276 families (9.0% increase)	183 families (5.5% increase)
AFFORDABILITY:	(not a focus of investment)	(not a focus of investment)
QUALITY:	(not a focus of investment)	(not a focus of investment)

ECD Action Area:

Improving Parenting and Family Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**National Child Benefit Supplement (NCBS) restoration**
LAUNCH DATE:	April 1999 (NCBS fully restored in July 2001)
TARGET POPULATION:	Targeted: The **National Child Benefit Supplement** is available to low-income families with children, as part of the National Child Benefit program.
PROGRAM DESCRIPTION:	The **National Child Benefit Supplement** (NCBS) was introduced in 1998 as an additional payment to low-income families with children, as part of the National Child Benefit (NCB) program. At the time it was introduced, Manitoba and most other provinces and territories agreed to recover it from families on social assistance. In July 2000, Manitoba began restoring to families on Employment and Income Assistance the value of the NCBS by passing through the increase in the value of the NCBS to all children in the family, regardless of age. As of July 2001, Manitoba restored the full amount of the NCBS for children ages 0 - 6 years whose parents were receiving income assistance benefits. *Note: As of January 2003, Manitoba will restore the full amount of the NCBS for children ages 7 - 11 years.*
PROGRAM OBJECTIVES:	**National Child Benefit Supplement (NCBS) restoration:** • To prevent and reduce child poverty; • To promote labour force attachment of parents; and • To reduce overlap and duplication.
DELIVERY AGENT(S):	Employment and Income Assistance Program – Manitoba Family Services and Housing
LEAD OFFICE or DEPARTMENT(S):	Manitoba Family Services and Housing

PROGRAM INDICATORS

INVESTMENT FOCUS:	2000/01	2001/02
AVAILABILITY:	**National Child Benefit Supplement (NCBS) restoration:**	**National Child Benefit Supplement (NCBS) restoration:**
Number of clients served:	10,971 families (estimated)	10,922 families
Change in number of clients served since previous year:	increase of 10,971 families	no change (full take-up achieved in 2000/01)
% change in clients served since previous year:	100% increase	no change (full take-up achieved in 2000/01)
Program capacity (number of clients):	(not applicable)	(not applicable)
% of program capacity used:	(not applicable)	(not applicable)
Change in program capacity Since previous year:	(not applicable)	(not applicable)
% change in program capacity since previous year:	(not applicable)	(not applicable)
Total number of eligible clients:	10,971 families (estimated)	10,922 families
% of eligible clients served:	100%	100%
Change in % of eligible clients served since previous year:	100% increase	no change (full take-up achieved) in 2000/01)
Total number of program sites:	(not applicable)	(not applicable)
ACCESSIBILITY: Increase in the number of clients served since previous year (%):	10,971 families (100% increase in 2000/01)	no change (full take-up achieved
AFFORDABILITY:	(not a focus of investment)	(not a focus of investment)
QUALITY:	(not a focus of investment)	(not a focus of investment)

ECD Action Area:

Strengthening Early Childhood Development, Learning and Care

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Child Day Care**
LAUNCH DATE:	September 1974
TARGET POPULATION:	Universal: **Child Day Care** is available to children ages 0-12 years in Manitoba.
PROGRAM DESCRIPTION:	The **Child Day Care Program** is responsible for: • Establishing minimal licensing standards for child care centres and family child care homes under *The Community Child Day Care Standards Act* and licensing and monitoring facilities according to these standards; • Providing financial assistance for child care fees on behalf of eligible parents with children attending child care facilities; • Providing grants and program assistance to eligible community groups and individuals who provide child care services; and • Classifying all early childhood educators and child care assistants who work in child care centres in Manitoba. Since April 2000, funding for Manitoba's child care program has increased by over 32 per cent, improving salaries for early childhood educators (ECEs) and providing additional subsidies for children. Increased funding has also been provided to integrate more children with disabilities into the child care system, and to expand the number of licensed child care spaces. In addition, *Manitoba's Five-Year Plan for Child Care*, unveiled in April 2002, will result in further increases to ECE salaries, more trained ECEs, and more funded spaces and subsidies for families and communities. The 2002/03 budget increase of $2.35 million to Child Day Care will help to address quality, accessibility, and affordability issues related to child care. This increased funding includes operating grant support to create 346 additional funded child care spaces at 30 child care centres throughout the province (announced in September 2002), as well as improved salaries for ECEs and increased training opportunities for workers.
PROGRAM OBJECTIVES:	**Child Day Care:** • To support sustainable, accessible, high quality child care; • To assist families participating in employment and training to find and maintain suitable child care; • To support parental participation in child care services;

- To support inclusion of children with special needs in child care, including children with disabilities and children of families in crisis; and
- To review and adjust regulations, policies, and systems to support continuous program development in the quality of services experienced by children, families, communities, and providers.

DELIVERY AGENT(S):	Licensed Child Day Care facilities
LEAD OFFICE or DEPARTMENT(S):	Manitoba Family Services and Housing

PROGRAM INDICATORS

INVESTMENT FOCUS:	**2000/01**	**2001/02**
AVAILABILITY:	**Child Day Care:**	**Child Day Care:**
Number of clients served:	(data not available)	(data not available)
Change in number of clients served since previous year:	(data not available)	(data not available)
% change in clients served since previous year:	(data not available)	(data not available)
Program capacity (number of clients):	23,022 spaces	24,009 spaces
% of program capacity used:	(data not available)	(data not available)
Change in program capacity Since previous year:	increase of 910 spaces	increase of 987 spaces
% change in program capacity since previous year:	4.1% increase	4.3% increase
Total number of eligible clients:	201,245 children	201,245 children
% of eligible clients served:	(data not available)	(data not available)
Change in % of eligible clients served since previous year	(data not available)	(data not available)
Total number of program sites:	1,111	1,124
ACCESSIBILITY: Increase in the number of clients served since previous year (%):	Funding provided for 500 more subsidized children (4.1% increase)	Funding provided for 230 more subsidized children (4.3% increase)
AFFORDABILITY:	(not a focus of investment)	(not a focus of investment)
QUALITY:	Increase in wage rates	Increase in wage rates

Notes: The number of eligible clients is the total number of children ages 0-12 years in Manitoba, according to the 2001 Census of the Population.

In 2000/01, there were 19,101 centre spaces (14,130 spaces for ages 0-5 years; 4,971 spaces for ages 6-12 years) and 3,921 family child care home spaces (2,451 spaces for ages 0-5 years; 1,470 spaces for 6-12 years) for a total of 23,022 spaces.In 2001/02, there were 20,039 centre spaces (14,638 spaces for ages 0-5 years; 5,401 spaces for ages 6-12 years) and 3,970 family child care home spaces (2,481 spaces for ages 0-5 years; 1,489 spaces for ages 6-12 years) for a total of 24,009 spaces.

In 2000/01, the Child Day Care Program served 1,109 children with disabilities and 1,869 children with special social needs. In 2001/02, the Child Day Care Program served 1,242 children with disabilities and 1,577 children with special social needs.

As of September 2002, there were 24,422 licensed child care spaces in nursery schools; infant, preschool and school-age centres; and family care homes. It is forecast that, by March 2003, the percentage of funded spaces will have increased by almost 19% since April 2000.

Although Manitoba's licensed child care system serves many more children than the total number of licensed spaces available, Child Day Care is currently unable to report on the exact number with accuracy. However, with the recent build of the subsidy system and other on-line services through Child Day Care, obtaining this information will be possible in the future. At the present time, identification numbers have been assigned to every subsidized child using licensed child care, but not to unsubsidized children (i.e., children of parents who pay full fees).

Research shows that high quality child care has the following characteristics:

- *High adult to child ratios*
- *Stable, consistent caregiving*
- *Small group size*
- *Staff/caregivers well-trained in early childhood education*
- *Adequate health, safety, and physical environment precautions*
- *Decent wages and working conditions (including support and resources)*
- *Good workplace morale*

The Child Day Care Office and Healthy Child Manitoba are currently developing quantitative indicators of quality for the Child Day Care Program.

ECD Action Area:

Strengthening Early Childhood Development, Learning and Care

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Early Childhood Development Initiative (ECDI)**
LAUNCH DATE:	April 2001
TARGET POPULATION:	Universal: ECDI is available to all Manitoba school divisions.
PROGRAM DESCRIPTION:	The **Early Childhood Development Initiative** (ECDI) assists school divisions and districts in their efforts to provide intersectoral services for preschoolers (birth to age 5 years). ECDI is designed to facilitate preschoolers' readiness for school entry.
PROGRAM OBJECTIVES:	**Early Childhood Development Initiative (ECDI):** • To improve children's readiness to learn for school; and • To improve school division partnerships with parents, communities, and intersectoral agencies.
DELIVERY AGENT(S):	Manitoba School Divisions
LEAD OFFICE or DEPARTMENT(S):	Manitoba Education and Youth – Program and Student Services Branch

PROGRAM INDICATORS

INVESTMENT FOCUS:	**2000/01**	**2001/02**
AVAILABILITY:		**Early Childhood Development Initiative (ECDI):**
Number of clients served:	(not applicable – program launched in April 2001)	(data under development)
Change in number of clients served since previous year:	(not applicable – program launched in April 2001)	(data under development)
% change in clients served since previous year:	(not applicable – program launched in April 2001)	(data under development)
Program capacity (number of clients):	(not applicable – program launched in April 2001)	(data under development)
% of program capacity used:	(not applicable – program launched in April 2001)	(data under development)
Change in program capacity Since previous year:	(not applicable – program launched in April 2001)	(data under development)
% change in program capacity since previous year:	(not applicable – program launched in April 2001)	(data under development)

Total number of eligible clients:	(not applicable – program launched in April 2001)	(data under development)
% of eligible clients served:	(not applicable – program launched in April 2001)	(data under development)
Change in % of eligible clients served since previous year:	(not applicable – program launched in April 2001)	(data under development)
Total number of program sites:	(not applicable – program launched in April 2001)	58 school divisions
ACCESSIBILITY:	(not applicable – program launched in April 2001)	(data under development)
AFFORDABILITY:	(not applicable – program launched in April 2001)	(data under development)
QUALITY:	(not applicable – program launched in April 2001)	(data under development)

Note: Manitoba Education and Youth and Healthy Child Manitoba are currently developing program indicators for ECDI.

ECD Action Area:

Strengthening Early Childhood Development, Learning and Care

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Early Start Program**
LAUNCH DATE:	April 1998 (three-year research sites: 1998-2000) April 1999 (provincial implementation)
TARGET POPULATION:	Targeted: **Early Start** is available in selected sites to families with preschool children who are identified as at risk for poor early childhood development outcomes.
PROGRAM DESCRIPTION:	To enhance children's readiness to learn for school, **Early Start** provides a three-year home visiting program for families with preschool children, most of whom are currently attending licensed child care. All Early Start home visitors and supervisors received strength-based core training through Growing Great Kids Inc. A trainer mentoring process with Growing Great Kids Inc. has been undertaken to provide Manitoba-based training opportunities. In addition, home visitors receive ongoing training in delivering literacy and parenting programs. Information gathered from the Early Start Research Sites (1998 – 2000) yielded valuable information on child outcomes. Signficant improvements were noted, particularly in the areas of language development and personal-social skills. Gaps in the Early Start service delivery model have been identified. In order to more effectively support over-burdened families, Early Start eligibility criteria are being reviewed. Community consultations are building stronger partnerships with agencies involved with families at the local level. Expanded funding in 2002/03 will be used to pilot an integrated BabyFirst/Early Start home visiting model to support more families (see also BabyFirst in *Promoting Healthy Pregnancy, Birth and Infancy* section above). Three Regional Health Authorities (Central, Burntwood, and Marquette) are involved in this pilot to provide a regional continuum of home visiting services to families with children from birth to school entry. Partnerships with child care facilities, school divisions, parent-child coalitions, and other community agencies will be further developed to provide local direction to these initiatives. It is hoped that this approach will improve access for families; create greater consistency in home visiting practice, supervision, and quality assurance; and provide an integrated community-based program for families.

PROGRAM OBJECTIVES:	**Early Start Program:** • To improve the physical health and safety of children; • To improve parenting and parent-child attachment; • To improve children's readiness to learn for school; and • To improve family connectedness and sense of community belonging.
DELIVERY AGENT(S):	Trained paraprofessional home visitors, based primarily in licensed child care facilities. In some communities, Early Start may be delivered through the Regional Health Authority or School Division.
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba – Healthy Child Committee of Cabinet

PROGRAM INDICATORS

INVESTMENT FOCUS:	**2000/01**	**2001/02**
AVAILABILITY:	**Early Start Program:**	**Early Start Program:**
Number of clients served:	184 families with 363 children	235 families with 500 children
Change in number of clients served since previous year:	increase of 74 families	increase of 51 families
% change in clients served since previous year:	67.3% increase	27.7% increase
Program capacity (number of clients):	400 spaces	400 spaces
% of program capacity used:	46.0%	58.8%
Change in program capacity Since previous year:	no change	no change
% change in program capacity since previous year:	no change	no change
Total number of eligible clients:	900 families (estimated)	900 families (estimated)
% of eligible clients served:	20.4%	26.1%
Change in % of eligible clients served since previous year:	8.2%	5.7%
Total number of program sites:	30	30
ACCESSIBILITY:	(not a focus of investment)	(not a focus of investment)
AFFORDABILITY:	(not a focus of investment)	(not a focus of investment)
QUALITY:	(not a focus of investment)	• 10% grant increase to allow for increased salaries for home visitors • Growing Great Kids Inc. mentorship training for home visitors

ECD Action Area:

Strengthening Community Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Parent-Child Centred Approach**
LAUNCH DATE:	March 2001
TARGET POPULATION:	Universal: Funding for the **Parent-Child Centred Approach** is available province-wide. Each Parent-Child Coalition determines its local target population.
PROGRAM DESCRIPTION:	This approach brings parents, community organizations, school divisions, and health professionals together through regional and community coalitions across Manitoba to support parenting, improve children's nutrition and literacy, and build capacity for helping families in their own communities. Each Parent-Child Coalition determines the unique form that activities will take, based on the needs of their community.
PROGRAM OBJECTIVES:	**Parent-Child Centred Approach:** • To improve parenting, children's nutrition and literacy, and community capacity for supporting families
DELIVERY AGENT(S):	A variety of local service delivery approaches across the province are available or being developed. These include home-based, centre-based, and mobile services. Examples include home visiting programs, family resource centres, parenting programs, and mobile book and toy lending services.
LEAD OFFICE or DEPARTMENT(S):	Healthy Child Manitoba – Healthy Child Committee of Cabinet

PROGRAM INDICATORS

INVESTMENT FOCUS:	**2000/01**	**2001/02**
AVAILABILITY:		**Parent-Child Centred Approach:**
Number of clients served:	not applicable – program launched in March 2001)	(data under development)
Change in number of clients served since previous year:	not applicable – program launched in March 2001)	(data under development
% change in clients served since previous year:	not applicable – program launched in March 2001)	(data under development)
% of program capacity used:	not applicable – program launched in March 2001)	(data under development)
Change in program capacity Since previous year:	not applicable – program launched in March 2001)	(data under development)

% change in program capacity since previous year:	not applicable – program launched in March 2001)	(data under development)
Total number of eligible clients:	not applicable – program launched in March 2001)	(data under development)
% of eligible clients served:	not applicable – program launched in March 2001)	(data under development)
Change in % of eligible clients served since previous year:	not applicable – program launched in March 2001)	(data under development)
Total number of program sites:	(not applicable – program launched in March 2001)	26 Parent-Child Coalitions
ACCESSIBILITY:	(not applicable – program launched in March 2001)	(not a focus of investment)
AFFORDABILITY:	(not applicable – program launched in March 2001)	(not a focus of investment)
QUALITY:	(not applicable – program launched in March 2001)	(not a focus of investment)

ECD Action Area:

Strengthening Community Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Early Childhood Health Promotion:** • Injury Reduction Campaign
LAUNCH DATE:	April 2000
TARGET POPULATION:	Universal: The Early Childhood Development component of the Injury Reduction Campaign was available province-wide.
PROGRAM DESCRIPTION:	An injury prevention advertising campaign focusing on the prevention of childhood household injuries was implemented on March 26, 2001. The campaign included (a) a 30-second television ad, (b) supporting newspaper ads, (c) the establishment of a toll-free information line, and (d) an information package on the prevention of childhood. Over 6000 information packages were distributed to individuals, day cares, and foster parents. In the summer of 2001, Manitoba Health funded a summer student to work at the IMPACT office to assist with research and the development of injury prevention strategies. In May 2002, an Injury Prevention Conference was held, with over 100 delegates, to begin the development of a Manitoba Injury Reduction Strategy. A follow-up event is planned for November 2002, and an Interdepartmental Working Group is in the formative stages of development.
PROGRAM OBJECTIVES:	**Injury Reduction Campaign:** • To reduce unintentional and intentional injuries to children.
DELIVERY AGENT(S):	Manitoba Government departments, service delivery agencies (e.g., Regional Health Authorities), researchers, and families.
LEAD OFFICE or DEPARTMENT(S):	Manitoba Health

Note: For more information on IMPACT, please see their website: http://www.hsc.mb.ca/impact

PROGRAM INDICATORS		
INVESTMENT FOCUS:	2000/01	2001/02
AVAILABILITY:	(not reported for public education initiatives)	(not reported for public education initiatives)
ACCESSIBILITY:	(not reported for public education initiatives)	(not reported for public education initiatives)
AFFORDABILITY:	(not reported for public education initiatives)	(not reported for public education initiatives)
QUALITY:	(not reported for public education initiatives)	(not reported for public education initiatives)

Early Childhood Development Indicators of Children's Well-Being, 1998/1999

(Compiled by Human Resources Development Canada)

Distribution of Children by Age - Manitoba, 1998/1999

Age	Distribution		
	Frequency	Percent	Valid Percent
0 YEARS (0-11 MONTHS)	12,967	15.6	15.6
1 YEAR	13,020	15.6	15.6
2 YEARS	13,731	16.5	16.5
3 YEARS	14,469	17.4	17.4
4 YEARS	14,819	17.8	17.8
5 YEARS	14,280	17.1	17.1
Total	**83,286**	**100.0**	**100.0**

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.

Distribution of Children by Age - Canada, 1998/1999

Age	Distribution		
	Frequency	Percent	Valid Percent
0 YEARS (0-11 MONTHS)	329,712	15.1	15.1
1 YEAR	342,218	15.7	15.7
2 YEARS	363,967	16.6	16.6
3 YEARS	378,590	17.3	17.3
4 YEARS	387,126	17.7	17.7
5 YEARS	384,663	17.6	17.6
Total	**2,186,276**	**100.0**	**100.0**

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.

Preterm Birth Rate: Percentage (%) of Live Births with Gestational age<37wk. 1998 and 1999

Jurisdiction	1998			1999		
	Male	Female	Total	Male	Female	Total
Manitoba	7.7	7.2	7.4	8.3	7.1	7.7
Canada	7.6	6.7	7.2	7.7	6.9	7.3

Source: Canadian Vital Statistics - Birth Database

Low Birthweight Rate: Percentage (%) of Live Births with Birthweight<2500g. 1998 and 1999

Jurisdiction	1998			1999		
	Male	Female	Total	Male	Female	Total
Manitoba	5.3	5.8	5.5	5.2	5.3	5.3
Canada	5.4	6.1	5.7	5.3	6.0	5.6

Source: Canadian Vital Statistics - Birth Database Note: Birth weight <500g is included

High Birthweight Rate: Percentage (%) of Live Births with Birthweight>4000g. 1998 and 1999

Jurisdiction	1998			1999		
	Male	Female	Total	Male	Female	Total
Manitoba	18.2	12.4	15.4	18.7	12.5	15.7
Canada	15.6	9.7	12.8	16.0	10.0	13.1

Source: Canadian Vital Statistics - Birth Database

Infant Mortality Rate (Per 1000 Live Births). 1998 and 1999

Jurisdiction	1998			1999		
	Male	Female	Total	Male	Female	Total
Manitoba	**7.5**	**5.9**	**6.7**	**9.7**	**7.0**	**8.4**
Canada	5.7	4.8	5.3	5.7	4.8	5.3

Source: Canadian Vital Statistics - Mortality, Summary List of Causes

Note: Data includes children under age 1 year.

Immunization: Reported Incidence for three Vaccine-preventable Diseases: Number and Rates (per 100,000). 1998 and 1999

Jurisdiction	Disease[1]	1998		1999	
		Number	Rate	Number	Rate
Manitoba	*Measles*	**0**	**0.0**	**1**	**1.1**
	Meningoccocal Disease	**0**	**0.0**	**0**	**0.0**
	Hib[2]	**1**	**1.3**	**1**	**1.3**
Canada	*Measles*	6	0.3	11	0.5
	Meningoccocal Disease	8	0.4	10	0.5
	Hib[2]	15	0.8	14	0.8

[1] *For Measles and Meningoccocal Disease, rates include children 0 to 5 years of age; For Hib, rates include children 0 to 4 years of age.*

[2] *Hib = Haemophilus Influenza b*

Source: Division of Immunization and Respiratory Diseases, Health Canada; Provincial and Territorial Ministries of Health.

Early Childhood Injuries: Injury Hospitalization Number and Rate (per 100,000), 1998 and 1999

Jurisdiction	Cause of Hospitalization	1998						1999					
		Male		Female		Total		Male		Female		Total	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Manitoba	**MVTC[2]**	**12**	**25.0**	**7**	**15.3**	**19**	**20.3**	**11**	**23.3**	**21**	**46.8**	**32**	**34.8**
	Falls	**107**	**222.8**	**68**	**148.7**	**175**	**186.7**	**87**	**184.5**	**60**	**133.6**	**147**	**159.7**
	Other – Unintentional	**194**	**404.0**	**146**	**319.3**	**340**	**362.7**	**155**	**328.8**	**118**	**262.7**	**273**	**296.5**
	Self-Inflicted	**2**	**4.2**	**1**	**2.2**	**3**	**3.2**	**0**	**0.0**	**1**	**2.2**	**1**	**1.1**
	Assault	**13**	**27.1**	**15**	**32.8**	**28**	**29.9**	**5**	**10.6**	**5**	**11.1**	**10**	**10.9**
	Other	**10**	**20.8**	**3**	**6.6**	**13**	**13.9**	**5**	**10.6**	**2**	**4.5**	**7**	**7.6**
Canada	MVTC[2]	296	25.3	225	20.3	521	22.9	339	29.7	273	25.2	612	27.5
	Falls	2451	209.7	1952	175.9	4403	193.2	2391	209.7	1855	171.3	4246	191.0
	Other – Unintentional	3222	275.6	2278	205.3	5500	241.4	3029	265.6	2098	193.7	5128	230.6
	Self-Inflicted	14	1.2	11	1.0	25	1.1	29	2.5	31	2.9	60	2.7
	Assault	204	17.5	158	14.2	362	15.9	190	16.7	123	11.4	313	14.1
	Other	34	2.9	19	1.7	53	2.3	41	3.6	22	2.0	63	2.8

[1] *Province or Territory of residence used.*
[2] *MVTC = motor vehicle traffic crashes*

Source: Canadian Vital Statistics - Mortality, Summary List of Causes

Note: Data includes children 0-5 years.

Early Childhood Injuries: Injury Mortality[1] Number and Rate (per 100,000), 1998 and 1999

Jurisdiction	Cause of Death	1998						1999					
		Male		Female		Total		Male		Female		Total	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Manitoba	**MVTC[2]**	**3**	**6.2**	**2**	**4.4**	**5**	**5.3**	**3**	**6.4**	**1**	**2.2**	**4**	**4.3**
	Falls	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**
	Other – Unintentional	**5**	**10.4**	**6**	**13.1**	**11**	**11.7**	**5**	**10.6**	**5**	**11.1**	**10**	**10.9**
	Self-Inflicted	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**
	Assault	**1**	**2.1**	**3**	**6.6**	**4**	**4.3**	**1**	**2.1**	**0**	**0.0**	**1**	**1.1**
	Other	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**
Canada	MVTC[2]	30	2.6	23	2.1	53	2.3	33	2.9	24	2.2	57	2.6
	Falls	4	0.3	3	0.3	7	0.3	2	0.2	1	0.1	3	0.1
	Other – Unintentional	79	6.8	38	3.4	117	5.1	75	6.6	43	4.0	118	5.3
	Self-Inflicted	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Assault	15	1.3	13	1.2	28	1.2	13	1.1	12	1.1	25	1.1
	Other	5	0.4	2	0.2	7	0.3	4	0.4	1	0.1	5	0.2

[1] *Province or Territory of residence used.*
[2] *MVTC = motor vehicle traffic crashes*

Source: Canadian Vital Statistics - Mortality, Summary List of Causes

Note: Data includes children 0-5 years.

Motor and Social Development (MSD), 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Delayed MSD	5,397	6.5	**10.6**
	Average MSD	37,631	45.2	**73.8**
	Advanced MSD	7,945	9.5	**15.6**
	Total of Responses	50,973	61.2	**100.0**
	System Missing	32,313	38.8	
	Total	83,286	100.0	
Canada	Delayed MSD	148,565	6.8	11.0
	Average MSD	1,013,461	46.4	75.1
	Advanced MSD	187,598	8.6	13.9
	Total of Responses	1,349,624	61.7	100.0
	System Missing	836,653	38.3	
	Total	2,186,276	100.0	

Note: Based on standardized score for MSD. Data include children ages 0-3 years (n = 54,187 children in Manitoba).
Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.

Language Development: Peabody Picture and Vocabulary Test - Revised (PPVT-R), 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Delayed PPVT-R	4,657	5.6	**21.4**
	Average PPVT-R	14,233	17.1	**65.5**
	Advanced PPVT-R1	2,843	3.4	**13.1**
	Total of Responses	21,733	26.1	**100.0**
	System Missing	61,553	73.9	
	Total	83,286	100.0	
Canada	Delayed PPVT-R	99,099	4.5	15.9
	Average PPVT-R	441,220	20.2	70.8
	Advanced PPVT-R	83,123	3.8	13.3
	Total of Responses	623,442	28.5	100.0
	System Missing	1,562,834	71.5	
	Total	2,186,276	100.0	

Note: Based on standardized score for PPVT-R. Data include children ages 4-5 years (n = 29,099 children in Manitoba).
Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.

Emotional/Anxiety Problems, 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Not High Emotional Problems	45,168	54.2	**83.3**
	High Emotional Problems	9,056	10.9	**16.7**
	Total of Responses	54,225	65.1	**100.0**
	System Missing	29,061	34.9	
	Total	83,286	100.0	
Canada	Not High Emotional Problems	1,262,309	57.7	86.2
	High Emotional Problems	202,796	9.3	13.8
	Total of Responses	1,465,104	67.0	100.0
	System Missing	721,172	33.0	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data include children ages 2-5 years (n = 57,299 children in Manitoba).

Hyperactivity-Inattention Problems, 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Not High Hyperactivity	46,682	56.1	**85.9**
	High Hyperactivity	7,668	9.2	**14.1**
	Total of Responses	54,351	65.3	**100.0**
	System Missing	28,935	34.7	
	Total	83,286	100.0	
Canada	Not High Hyperactivity	1,283,467	58.7	87.8
	High Hyperactivity	178,212	8.2	12.2
	Total of Responses	1,461,679	66.9	100.0
	System Missing	724,597	33.1	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data include children ages 2-5 years (n = 57,299 children in Manitoba).

Physical Aggression/Conduct Problems, 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Not High Aggression	46,486	55.8	**85.3**
	High Aggression	7,982	9.6	**14.7**
	Total of Responses	54,468	65.4	**100.0**
	System Missing	28,818	34.6	
	Total	83,286	100.0	
Canada	Not High Aggression	1,264,766	57.9	86.5
	High Aggression	197,101	9.0	13.5
	Total of Responses	1,461,867	66.9	100.0
	System Missing	724,409	33.1	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data include children ages 2-5 years (n = 57,299 children in Manitoba).

Prosocial Behaviour, 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Not Low Prosocial Behaviour	44,117	63.5	**88.1**
	Low Prosocial Behaviour	5,937	8.5	**11.9**
	Total of Responses	50,054	72.0	**100.0**
	System Missing	19,434	28.0	
	Total	69,487	100.0	
Canada	Not Low Prosocial Behaviour	1,216,045	66.3	89.9
	Low Prosocial Behaviour	137,205	7.5	10.1
	Total of Responses	1,353,250	73.8	100.0
	System Missing	480,791	26.2	
	Total	1,834,041	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data include children ages 2-5 years (n = 57,299 children in Manitoba).

Family Functioning, 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Not High Family Dysunction	70,351	84.5	**88.3**
	High Family Dysfunction	9,344	11.2	**11.7**
	Total of Responses	79,696	95.7	**100.0**
	System Missing	3,590	4.3	
	Total	83,286	100.0	
Canada	Not High Family Dysunction	1,872,924	85.7	89.1
	High Family Dysfunction	229,744	10.5	10.9
	Total of Responses	2,102,668	96.2	100.0
	System Missing	83,608	3.8	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data include parents with children ages 0-5 years (n = 83,286 children in Manitoba).

Parental Depression, 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Not High Depressive Symptoms	68,986	82.8	**86.7**
	High Depressive Symptoms	10,575	12.7	**13.3**
	Total of Responses	79,560	95.5	**100.0**
	System Missing	3,726	4.5	
	Total	83,286	100.0	
Canada	Not High Depressive Symptoms	1,868,788	85.5	88.8
	High Depressive Symptoms	235,419	10.8	11.2
	Total of Responses	2,104,207	96.2	100.0
	System Missing	82,069	3.8	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data includes parents with children ages 0-5 years (n = 83,286 children in Manitoba).

Low Income Rates

Jurisdiction	Reporting Year	Family type	After Tax LICO[1]		Before Tax LICO[1]	
			Below after tax LICO (1992 base)	After-tax LICO %	Below before tax LICO (1992 base)	Before-tax LICO %
Manitoba	1998	All families	17,713	20.3	21,134	24.2
	1999	All families	17,908	21.0	22,467	26.4
Canada	1998	All families	338,146	15.3	458,577	20.7
	1999	All families	338,061	15.6	459,230	21.1

Source: LICO = low-income cut-off from Survey of Labour and Income Dynamics: Reference years 1998 and 1999; data based on provinces only.
Note: Population level families with children ages 0-5 years. The LICO is a relative measure based on the percent of income spent on basic needs by an average family. A household that spends 20% more on basic needs than the average family is considered to be living below the LICO. The LICO is adjusted for location and family size.

Tobacco Use During Pregnancy, 1998/1999

Jurisdiction		Frequency	Percent	Valid Percent
Manitoba	YES	6,029	7.2	**25.5**
	NO	17,621	21.2	**74.5**
	Total of Responses	23,650	28.4	**100.00**
	System Missing	59,636	71.6	
	Total	83,286	100.0	
Canada	YES	118,673	5.4	19.4
	NO	494,498	22.6	80.6
	Total of Responses	613,171	28.0	100.0
	System Missing	1,573,105	72.0	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data include parents with children ages 0-1 years (n = 25,987 children in Manitoba).

Positive Parenting. 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Not Low Positive Interaction	70,384	84.5	**88.4**
	Low Positive Interaction	9,243	11.1	**11.6**
	Total of Responses	79,627	95.6	**100.0**
	System Missing	3,659	4.4	
	Total	83,286	100.0	
Canada	Not Low Positive Interaction	1,875,514	85.8	88.0
	Low Positive Interaction	255,673	11.7	12.0
	Total of Responses	2,131,187	97.5	100.0
	System Missing	55,089	2.5	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data includes parents of children ages 0-5 years (n = 83,286 children in Manitoba).

Reading with Children: How often an Adult Reads to Child or Listens to Child Read. 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	A few times a week or less	12,738	15.3	**24.0**
	Daily	34,352	41.2	**64.7**
	Many times each day	5,988	7.2	**11.3**
	Total of Responses	53,077	63.7	**100.0**
	System Missing	30,209	36.3	
	Total	83,286	100.0	
Canada	A few times a week or less	429,701	19.7	30.4
	Daily	823,862	37.7	58.2
	Many times each day	162,187	7.4	11.5
	Total of Responses	1,415,750	64.8	100.0
	System Missing	770,526	35.2	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data includes parents of children ages 0-5 years (n = 83,286 children in Manitoba).

Neighbourhood Social Cohesion, 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Not Low Neighbourhood Cohesion	59,024	70.9	**83.4**
	Low Neighbourhood Cohesion	11,789	14.2	**16.6**
	Total of Responses	70,814	85.0	**100.0**
	System Missing	12,473	15.0	
	Total	83,286	100.0	
Canada	Not Low Neighbourhood Cohesion	1,568,147	71.7	84.9
	Low Neighbourhood Cohesion	279,582	12.8	15.1
	Total of Responses	1,847,729	84.5	100.0
	System Missing	338,547	15.5	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data includes parents of children ages 0-5 years (n = 83,286 children in Manitoba).

Prevalence of Breastfeeding, 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	Yes	45,661	54.8	**85.9**
	No	7,480	9	**14.1**
	Total of Responses	53,141	63.8	**100**
	System Missing	30,145	36.2	
	Total	83,286	100	
Canada	Yes	1,115,868	51.0	79.9
	No	281,335	12.9	20.1
	Total of Responses	1,397,203	63.9	100.0
	System Missing	789,073	36.1	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data includes both children currently being breastfed as well as children who were ever breastfed, ages 0-3 years (n = 54,187 children in Manitoba).

Duration of Breastfeeding, 1998/1999

Jurisdiction	Category	Frequency	Percent	Valid Percent
Manitoba	12 weeks or less	14,617	17.6	**37.2**
	3-6 months	11,014	13.2	**28.0**
	7 months or more	13,659	16.4	**34.8**
	Total of Responses	39,290	47.2	**100.0**
	System Missing	43,997	52.8	
	Total	83,286	100.0	
Canada	12 weeks or less	312,832	14.3	32.5
	3-6 months	321,104	14.7	33.4
	7 months or more	327,199	15.0	34.0
	Total of Responses	961,134	44.0	100.0
	System Missing	1,225,142	56.0	
	Total	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.

Note: Data includes parents of children ages 0-3 years (n = 54,187 children in Manitoba). Does not include children currently being breastfed.

Parental Education - Highest Level Attained, 1998/1999

Jursidiction	Mother-Highest Education				Father-Highest Education			
		Frequency	Percent	Valid Percent		Frequency	Percent	Valid Percent
Manitoba	Less than Secondary	11,967	14.4	**14.8**	Less than Secondary	11,888	14.3	**16.9**
	Secondary School Graduation	15,486	18.6	**19.1**	Secondary School Graduation	12,733	15.3	**18.1**
	Beyond High School	24,546	29.5	**30.3**	Beyond High School	18,619	22.4	**26.4**
	College or University Degree (including trade)	29,023	34.8	**35.8**	College or University Degree (including trade)	27,288	32.8	**38.7**
	Total of Responses	81,021	97.3	**100.0**	**Total of Responses**	70,527	84.7	**100.0**
	System Missing	2,265	2.7		System Missing	12,759	15.3	
	Total	83,286	100.0		**Total**	83,286	100.0	
Canada	Less than Secondary	258,396	11.8	12.1	Less than Secondary	249,974	11.4	13.6
	Secondary School Graduation	343,570	15.7	16.1	Secondary School Graduation	286,625	13.1	15.6
	Beyond High School	564,014	25.8	26.4	Beyond High School	402,937	18.4	22.0
	College or University Degree (including trade)	968,336	44.3	45.4	College or University Degree (including trade)	893,597	40.9	48.7
	Total of Responses	2,134,316	97.6	100.0	**Total of Responses**	1,833,134	83.8	100.0
	System Missing	51,961	2.4		System Missing	353,142	16.2	
	Total	2,186,276	100.0		**Total**	2,186,276	100.0	

Source: National Longitudinal Survey of Children and Youth (NLSCY), Cycle 3 (1998/99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.
Note: Data includes parents with children ages 0-5 years (n = 83,286 children in Manitoba).

Background Information on Indicators of Children's Well-Being

(Prepared by Human Resources Development Canada)

A Framework for Monitoring Child Well-Being

"The early years of life are critical in the development and future well-being of the child, establishing the foundation for competence and coping skills that will affect learning, behaviour and health." But what constitutes a child's well-being? One of the commonly used approaches to define well-being incorporates a framework comprised of five domains of child well-being: physical health and motor development; emotional health; social knowledge and competence; cognitive learning; and language communication. .

What Influences Child Well-Being?

Children are shaped by the world around them, and many environments affect their development. It is generally accepted that "healthy children emerge most often from healthy families, and healthy families are in turn promoted by healthy communities"[6]. Understanding the key factors that influence child development can help society make choices that build more supportive environments for children and enhance their development.

The National Children's Agenda shared vision for children[7] identifies five key environmental influences that affect children's development: biological inheritance; family; child care and school; physical and community environments; and society.

Key among these influences is family. Parents are the primary support for children and have a critical role in shaping how a child develops, both mentally and physically. Each child is born with a particular set of characteristics inherited from their parents that can influence their well-being in all five domains. Genetic inheritance can provide protective as well as risk factors, whose impact can often be mediated by other environmental influences.

Families are shaped by the physical and community environments in which they live. Communities provide the basic infrastructure for family life including housing, education and employment.

The Five Domains of Child Well-Being:

Physical Health and Motor Development: Is defined by the child's general state of health and gross motor skills[2].

Emotional Health: Is defined by the child's self-esteem, coping skills and overall emotional well-being.

Social Knowledge and Competence: Refers to the way children behave and are able to communicate feelings and wants[3].

Cognitive Learning: Refers to the ways in which children perceive, organize and analyze information provided by their social and physical environment.[4]

Language Communication: Refers to the ability of a child to communicate[5]

Physical surroundings can greatly affect children's health and well-being, and research is beginning to provide evidence that growing up in a community that is perceived to have higher levels of cohesion, stability and social supports will lead to healthier child development.

How Can Child Well-Being Be Measured?

What Data Exists?

While we are not yet able to measure all aspects of child well-being and the factors that influence well-being, great progress has been made over the past years in expanding data collection in this area. Of particular relevance is the National Longitudinal Survey of Children and Youth (NLSCY), which is designed to enhance our knowledge about children in Canada, and in particular young children.

The first collection cycle of the NLSCY (collected in late 1994 and early 1995) interviewed parents of about 23,000 children up to the age of 11. They shared information not only about their children, but also about themselves and the children's families, schools and neighborhoods. In keeping with a need for a greater understanding of learning and development in the early years, in addition to periodic interviews with parents of the original sample, children ages 0-5 years are being added to the sample as the initial cohort ages.

In addition to the NLSCY, there are other national sources of information on young children. In particular, the Vital Statistics Registry is a valuable source of information on the physical health of young children. The Census is another source of information on young children and their families. Two postcensal surveys, the Participation and Activity Limitation Survey and the children's component of the Aboriginal Peoples Survey are likely to be sources for information in the future.

TABLE F-1

The Early Childhood Development Agreement – Common Indicators of Young Children's Well-Being

Physical Health and Motor Development:

- Healthy Birthweight
- Immunization (occurrence of 3 vaccine preventable diseases: meningococcal disease, measles and haemophilus influenza b (Hib)
- Infant Mortality Rate
- Motor and Social Development

Emotional Health

- Emotional/Anxiety Problems
- Hyperactivity/Inattention Problems
- Physical Aggression/Conduct Problems

Social Knowledge and Competence

- Prosocial Behaviour

Cognitive Learning and Language Communication

- Language Development

How Are Governments Reporting on Young Children's Development?

Governments in Canada have been working together, and with communities, to improve child well-being for a number of years. The National Children's Agenda, National Child Benefit and the Federal / Provincial / Territorial Early Childhood Development Agreement are examples of governments' commitment to work collaboratively on issues related to children . As part of this commitment, governments have recognized the importance of regularly monitoring and reporting on the status of young children's well-being as a means of helping inform policy making and building public awareness and understanding. In their September 2000 Communiqué on Early Childhood Development, First Ministers committed to "make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators....related to the objectives established for early childhood development".

In determining which indicators to report on, governments tried to address all five of the domains of well-being in order to paint as complete a picture of child well-being as possible. Governments looked at which indicators were recognized both nationally and internationally as key indicators of child well-being, while remaining cognizant of what data was available at the national and provincial / territorial levels in Canada. Considerations also included ensuring that the indicators were meaningful to the public, and would enhance knowledge of child well-being, without duplicating reporting currently being done by others (e.g. non-governmental organizations and researchers). Experts were consulted to ensure that the indicators selected were both meaningful and methodologically sound.

Governments agreed to focus on child outcomes as a first step, identifying a common set of 11 indicators. All participating governments will use these indicators to report on child well-being within their jurisdiction[11] (see Table F-1).

Some governments, including the Government of Canada, will also be reporting on additional indicators related to the influences on child well-being, such as family and community environments.

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1 The Government of Québec has stated that while sharing the same concerns on early childhood development, Québec does not adhere to the federal-provincial-territorial early childhood development Initiative because sections of it infringe on its constitutional jurisdiction on social matters. Québec intends to preserve its sole responsibility for developing, planning, managing and delivering early childhood development programs.

2 The four areas are: promote healthy pregnancy, infancy, and birth; improve parenting and family supports; strengthen early childhood development, learning, and care; and strengthen community supports.

1 First Ministers' Communique on Early Childhood Development, September 2000

2 Doherty, Gillian (May 1997) "Zero to Six – The Basis for School Readiness", Applied Research Branch Paper No. R-97-8E.

3 Ibid.

4 Ibid.

5 Ibid.

6 Ross, David P., Scott, Katherine and Kelly, Mark A. (1996) "Overview: Children in Canada in the 1990s" in Growing Up in Canada – National Longitudinal Survey of Children and Youth. HRDC/Statistics Canada.

7 The National Children's Agenda – Developing a Shared Vision was prepared by federal, provincial and territorial governments (except Quebec) in 1999 proposing a common vision for Canada's children and setting out goals and directions in order to achieve this vision.

8 The first release of the Participation and Activity Limitation Survey is scheduled for December 2002.

9 Initial release of The Aboriginal People's Survey is planned for September 2003. Phase I of the data collection was completed October to December 2001. Phase II is currently underway.

10 While the government of Québec agrees with the general principles of the National Children's Agenda, the National Child Benefit and the Early Childhood Initiative, it did not participate in the development of these initiatives because it intends to preserve its sole responsibility for its family policy. Consequently, in this document all references to viewpoints shared by federal-provincial-territorial governments do not include the government of Québec.

11 For the Territories, reliable data is not available for all indicators. Work is underway to address this data gap. In the interim, these jurisdictions are not likely to be able to report on the common set of indicators.

This *Supplement* is the companion document to *Investing in Early Childhood Development: 2002 Progress Report to Manitobans*. The Progress Report is available for download on the Healthy Child Manitoba website (http://www.gov.mb.ca/hcm) or from Healthy Child Manitoba, Rm 219 - 114 Garry Street, Winnipeg, MB R3C 4V6

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